



Government of Southern Sudan Ministry of Health



Reproductive Health Officer, Duol Tut, with woman with twins, Malakal Hospital



Southern Sudan Maternal, Neonatal and Reproductive Health Strategy

**Action Plan
2008 – 2011**

Mission Statement, Ministry of Health, Government of Southern Sudan

To provide equitable, sector wide, accelerated and expanded quality health care for all people in South Sudan, especially women and children

The goal of the Maternal and Reproductive Health Policy is:

To provide a comprehensive, integrated, equitable and sustainable maternal and reproductive health (MRH) care package that offers a full range of quality services towards improved reproductive health status of the population of Southern Sudan

The goal of this Maternal, Neonatal and Reproductive Health Strategy is:

To implement the recommendations of the MRH policy, including reducing maternal and neonatal mortality, making maternal, neonatal and reproductive health services available and readily accessible to all people of Southern Sudan provided by reproductive health care professionals in adequately built, equipped and funded health facilities. These services are provided with the fullest participation of the community aiming to promote consenting adults to have a satisfying and safe sex life and to fully inform adolescents and older children about sexual and reproductive health to enable them to deal in a positive and responsible way with their sexuality. These services also ensure that women are cared for throughout pregnancy and childbirth and to enable parents to plan for and love their children.

Strategy vision

Coming out of decades of protracted civil war, Southern Sudan has very inadequate first line health services, and its population suffers with the highest rates of maternal mortality and infant mortality in the world. Uniting against these common challenges, and with determination to make first class health care accessible to the poorest and most isolated of its people, this strategy sets out clear actions by which the Southern Sudan can fast forward the development of maternal, neonatal and reproductive health services, providing quality and free health care in health facilities. To achieve this, the people and Government of Southern Sudan and the International Community will work tirelessly to mobilising substantial resources of manpower, time, enthusiasm and money. The vision of this strategy is that with application, very dramatic reductions in maternal and neonatal mortality are achievable within a short time frame if there is a nation wide mobilisation to this cause with international support.

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Forward

H.E. Dr Henry Monytuel, Minister of Health

Acknowledgements

Dr Majok Yak Majok, Under Secretary, MOH

List of Acronyms

CHD	County Health Department
CMW	Community Midwife
CPA	Comprehensive Peace Agreement (signed 9.01.05)
EmONC	Emergency Obstetrics and Neonatal Care
FP	Family Planning
GOSS	Government of Southern Sudan
HF	Health Facility
IMR	Infant Mortality Rate
MCHW	Maternal and Child Health Worker
MMR	Maternal Mortality Ratio
MNRH	Maternal, Neonatal and Reproductive Health
MOH	Ministry of Health
MRH	Maternal and Reproductive Health
PHC	Primary Health Care
RH	Reproductive Health
SSAC	Southern Sudan AIDS Commission
TBA	Traditional Birth Attendant
UNFPA	United Nations Population Fund
UNHCR	UN High Commission for Refugees
UNICEF	UN Children's Emergency Fund
VMW	Village Midwife
WHO	World Health Organisation

Introduction

Second draft and revision 18 October, following recommendations made by commissions of key stakeholders UNFPA organised workshop on Tuesday 16 October 2007

This Maternal, Neonatal and Reproductive Health strategy was written comparatively quickly in October 2007 and then extensively reworked during a workshop of the Reproductive Health Working Group with many other participants from different Ministries, international and non-governmental agencies, and civil society. It follows on from much longer consultative processes that produced South Sudan Interim Health Policy, the MRH policy in January 2007, the MRH situational analysis in April 2007 and the Reproductive Health Commodity Security Situational Analysis in July 2007.

As a strategy document, it has been designed to be as short and as clear as possible, with little description or analysis but the focus on action plans that set out very clearly a road map for rapidly implementing improved MNRH services across the country. This is a working document from which more detailed plans will be drawn up in specific areas by the MOH and different agencies and swiftly implemented. These action plans incorporate the majority of ideas and recommendations from the previous reports. Each action plan is designed to be used separately and put up in a place that it can be constantly referred to. Although the original draft was written by one consultant, it represents the recommendations of the previous documents as well as the opinions of dozens of people involved in creating or financing reproductive health services. There was not time to consult communities, but the opinions of communities were taken into account during the 9 month process of writing the MRH policy.

Timeframe

This strategy is designed to guide the implementation of MNRH services for the 4 years period January 2008 – December 2011. This is a rather long period for a strategy, but it coincides with the end of the period of the Interim Government and of the Interim Health Policy. A new MNRH strategy would then best wait for the new Health Policy of the new government to be written. Because circumstances will change substantially in this post-conflict setting, it is envisaged that there be a midway updating process, conducted during one week towards the end of the first 2 years, with an external consultant and a workshop of the national RHWG (with input from the state RHWG).

A workshop was held on 16 October 2007 of the RHWG and participants representing several Ministries, international agencies, FBOs, NGOs and the community to review and revise the first draft of the strategy. Participants in the workshop were divided up into commissions that worked on one action plan and made changes. These changes were then peer reviewed by a second commission, and the final changes agreed upon by all participants. These changes were then incorporated into a second draft that has then been submitted to the MOH for final drafting. The final strategy will be circulated not later than the 1st December 2007, so that plans can be drawn up for the implementation of the strategy from the 1st January 2008.

Summary of policy principles and strategic imperatives of MRH policy

The following is directly taken from the MRH policy (with added emphasis for clarity), and outlines the guiding principles, goal, objectives, outcomes and imperatives. The cited policy outcomes become the key strategic objectives of this strategy.

Policy principles and ethical foundation

The **ethical basis** of the Maternal and Reproductive Health Policy is the principle of **need**. Its **value system** consists of the right to health, equity, pro-poor, community ownership and good governance. Its **economic basis** is the idea that investing in universal maternal and reproductive health services will have returns in creating a better, healthier and more productive Southern Sudan population.

The following is a resume of the **ten fundamental principles** underpinning the MRH Policy for Southern Sudan:

1. Focus on significant maternal and reproductive health problems;
2. Community participation
3. Support of family planning as an essential component of maternal and reproductive health programs;
4. Respect and support of the right of individuals and couples to make voluntary and informed **choices** about the number and timing of their children and ... to be *treated with dignity and respect at all times and to receive high-quality, confidential care*;
5. Gender sensitivity.
6. Women must have **access** to the essential services that promote safe pregnancy and healthy children;
7. Support of efforts to reduce the spread of sexually transmitted infections including HIV/AIDS and promotion of responsible sexual behaviour;
8. Commitment to **building the capacity** of both governmental and non-governmental institutions to provide sustainable and acceptable maternal and reproductive health services to their populations;
9. Respect of the right of maternal and reproductive health care providers to serve as **advocates** of their beliefs in a manner consistent with the law
10. Commitment to helping communities and citizens in their efforts to secure appropriate maternal and reproductive health services and to facilitate widest possible **access** to such services.

4.1 Policy goal

To provide a comprehensive, integrated, equitable and sustainable maternal and reproductive health (MRH) care package that offers a full range of quality services towards improved reproductive health status of the population of Southern Sudan.

4.2 Policy Objectives

The following policy objectives are to be pursued:

- 4 To provide women and men with **access** to the widest possible package of reproductive health services including family planning, maternal health care, and prevention and management of sexually transmitted diseases and HIV/AIDS.
- 5 To **build the capacity** of central, state and local institutions to deliver high-quality maternal and reproductive health services.
- 6 To **empower** families and communities to serve as informed, effective consumers of maternal and reproductive health care and to serve as advocates on their own behalf in securing enabling environment for the provision of essential maternal reproductive health services.
- 7 To **reduce maternal mortality** ratio from **2037** per 100,000 live births by 20% by 2010 to less than **1630** and by a further 50% by 2015 to less than **815** by increasing births attended by skilled health staff and access to maternal and reproductive health care throughout Southern.
- 8 To ensure faster progress in reaching the **poor, vulnerable and disadvantaged groups** and marginalized communities by establishing an equitable resource allocation framework for maternal and reproductive health sub sector.

4.3 Policy Outcomes

The main policy outcomes throughout Southern Sudan will include:

- Increased and equitable access to quality maternal and reproductive care and services;
- Marked reduction in the maternal and infant/neonatal morbidity
- Fundamental improvement in the reproductive health status of the population.

4.4 Policy Imperatives

Five basic strategic policy imperatives will guide the provision of maternal and reproductive health care and services in Southern Sudan. These include:

1. Ensuring **universal access** while targeting MRH services at the most marginalized, vulnerable, disadvantaged and minority segments of the population
2. Ensuring equitable, cost effective and cost efficient **public resources allocation** to reduce disparities in maternal and reproductive health status
3. Enhancing the **regulatory role** of the Ministry of Health in all aspects of Maternal and Reproductive Health care provision
4. Creating an **enabling environment** for increased private sector, NGO and community involvement in MRH service provision and finance
5. Increasing and diversifying per capita **financial flows** to the Maternal and Reproductive Health Sub sector

Strategic objective and key indicators of the strategy

The strategic objective of the roll out MNRH strategy is to bring about the three main outcomes of the MRH policy cited above, namely:

- Increased and equitable access to quality maternal and reproductive care and services;
- Marked reduction in the maternal and infant morbidity and mortality; and
- Fundamental improvement in the reproductive health status of the population.

To achieve these outcomes, significant investments need to be made in the provision of MNRH services. To modify the policy objective on maternal mortality to this 4 years time frame, the aim is:

- to reduce MMR from **2037** per 100,000 by 20% in 2010 to **1630** and by a further 20% by the beginning of 2012 to less than **1300**.
- to reduce the IMR from **102/1000** by 10% in 2010 to less than **90** and by a further 10% in 2012 to less than **80**;
- to increase the percentage of women in their reproductive years using modern methods of contraception from **1.73%** to **3%** by 2010 and to **8%** by 2012;
- to increase the number of women delivering in health facilities overseen by skilled birth attendants from **14.75%** to **20%** in 2010 and to **30%** in 2012.
- to increase the number of facilities that provide comprehensive EmONC and basic EmONC by 20% by 2010 and by a further 20% by 2012

Summary of key indicators of this MNRH strategy

	Current rate	Target for	Target for	Target fo
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	(from SHHS 2007)	2010	2012	2015 (MDGs)
Maternal Mortality	2037 per 100.000 live births	1630	1300	1040
Infant mortality	102/ 1000	90/ 1000	80/ 1000	70/1000
Use of modern means of contraception	1.73%	3%	8%	12%
Women whose birth is overseen by skilled birth attendants in health facilities	14.75%	20%	30%	40%
Reduce the Case Fatality Rate of women delivering in health facilities	1062 per 100,000 live births in 7 hospitals	800	600	400
Caesarean sections as a proportion of births (target between 5 and 15%)	2.25%	> 3%	> 5%	8%
Exclusive breast feeding rate (0 – 5 months)	20%	30%	40%	50%
Attendance once or more times at ANC	48%	60%	80%	90%
Pregnant women receiving 2 doses of anti-tetanus vaccine or fully immunised	32%	50%	70%	90%

The achievement of these targets will become a rallying cry across the country. It is envisaged that the President of Southern Sudan together with the Executive Director of UNFPA will work internationally to highlight the appallingly high MMR and IMR (the MMR is currently the highest recorded in

the world, higher than recent surveys in Afghanistan and Sierra Leone). This will capture the attention of the international press and attract donors and academic institutions to invest their time and money to contribute to this MNRH strategy. It will also act as a focus for the Government of Southern Sudan to increase its level of spending to health and MNRH in line with the Abuja Declaration¹, and will act as a catalyst to ensure that financial flows as agreed in the CPA continue unimpeded. An NGO will be selected by the MOH and UNFPA to run a campaign in the country to create momentum and to maintain the profile of MNRH needs of SS internationally. As well as focusing attention on these very low averages for Southern Sudan, there needs to be advocacy for the poorest performing states, and for the fact that those with the lowest level of education and the poorest incomes the indicators are much worse. For example in Jonglei state, only 0.1% of women use any method of contraception and only 28% of pregnant women attend at least once an antenatal clinic and only 10% receive two doses of tetanus toxoid.

Objectives of the service provision components of the strategy

¹ The Abuja conference in 2001 brought together Ministers of Health under the auspices of the African Union to discuss health sector funding

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This strategy document breaks down the service provision into components, which each cumulatively bring about the 3 policy outcomes. Each service component has an overall and specific objectives.

Service component	Overall objective
1/ Roll out of the MRH policy and the coordination of MNRH services	to create a framework for the roll out, coordination and implementation of the MNRH strategy
2/ Financing of, and Advocacy for MNRH services	to increase use of MNRH services, to increase understanding and awareness about MNRH and to improve maternal and child nutrition
3/ Human Resources development	to professionalize the provision of MNRH
4/ Management of MNRH services	to ensure the implementation and enforcement of policy
5/ Monitoring and evaluation of MNRH services	to establish the effective collecting, reporting and interpretation of data relating to MNRH services
6/ Development of health facility infrastructure	to increase facility based deliveries overseen by skilled birth attendants and increase the percentage of women with obstetric complications treated in EmONC facilities
7/ Development of supply of Reproductive Health Commodities	to ensure the steady flow and constant availability of RH commodities
8/ Improving access to Health facilities and the promotion of MNRH	to increase use of MNRH services, to increase understanding and awareness about MNRH and to improve maternal and child nutrition
9/ HIV/AIDS programming within MNRH service provision	to reduce HIV and STI transmission
10/ Sexual & Reproductive Health Rights and Gender Based Violence programme and research	the protection of women girls from abusive sexual relationships and the care of abused women

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1/ Action plan for implementation of MRH Policy across the 10 states and the coordination of MNRH services:

The overall objective is to create a framework for the roll out, coordination and implementation of the MNRH strategy

Specific objectives	Primary actions	Lead agency	Other agencies	Timeframe	Expected outputs & indicators	Budget
Designate RH officers centrally and at State level	<ul style="list-style-type: none"> - RH officer at central MOH placed by UNFPA works with MOH colleague and create RH unit in MOH - Each state designates RH focal point who becomes RH State officer and create RH units 	MOH/UNFPA, UNICEF	WHO, UNICEF, NGOs	First half 2008 - First half 2008	<ul style="list-style-type: none"> - RH officer in place at MOH (with UNFPA support) - All states have focal point - All states have RH officer and where not yet possible designate RH focal person 	MOH salaries UNFPA salary and logistics \$100,000/year
Create coordination framework	Formalise existing RH national working group and create RH working groups in all 10 states Promote participation of NGOs with substantial focus on MNRH such as ARC, Diakonie in coordination and roll out	MOH/UNFPA	All partners working in MNRH	- First quarter 2008 - Second quarter 2008	<ul style="list-style-type: none"> - Formal RHWG in Juba meets monthly with minutes - informal RH networks meet in each state, becoming formalised by July 2008 with minutes sent to MOH RH coordinator 	\$10,000 – UNFPA/MOH
Train staff in MNRH strategy at state level	<ul style="list-style-type: none"> - 1 2-day workshop in all 10 states conducted by MOH and UNFPA RH officers from Juba - training materials prepared 	MOH/UNFPA	WHO, UNICEF, NGOs	Jan – Dec 2008	<ul style="list-style-type: none"> - RH state officer and RH health workers from MOH HFs, FBO & NGOs trained in each state in strategy 	\$25,000
Follow up training of staff at County health Dept level in MNRH strategy	<ul style="list-style-type: none"> - 2 day on the job training by state RH officer in each health facility including how to set up MNRH programmes in HF 			July 08 – June 09	<ul style="list-style-type: none"> - 2 day training in each of 15 functioning HFs per state - CHDs and HF staff 	\$9,000

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	and how to calculate facility based RH statistics				are trained on policy/strategy and start implementing interventions	
Update MNRH strategy	Update strategy according to changing circumstances and demands after first 2 years	MOH/UNFPA with external consultant	Workshop of RHWG	1 week in November 2010	- updated strategy that is adapted for the following 2 year period	\$10,000
Strengthen CHDs for MNRH interventions	Identify and train RH focal person in at least 3 counties per state - supervision of CHDs ensured via quarterly visits to CHDs and HFs to promote policy/strategy implementation	SMOH, NGOs	UNFPA, UNICEF, WHO, NGOs	Second half 2008	MNR actors at CHD level meet/ coordinate actions - Supervision supports policy implementation and service delivery	

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2/ Action plan for finance of and advocacy for MNRH strategy activities:

The overall objective is to greatly increase funds available for MNRH services

Specific objectives	Primary actions	Lead agency	Other agencies	Timeframe	Expected outputs & indicators	Budget
Fulfil Abuja declaration aim for 15% of the budget of the GOSS to be allocated to health - with Abuja goal of \$34 per capita for health and \$6 per capita for RH programming, but raised to \$8 by Jan 2012	Advocate in Parliament for increased spending for health from current 5.4% of entire GOSS budget and in particular MNRH	Group of distinguished persons	Office of the President, Ministry of Gender, Ministry of Finance, UNFPA, WHO, WB/JDM, EC, USAID,	2008 - 2011	- 10% of budget allocated for health by Jan 2010 & 4% allocated for MNRH services; 15% of budget allocated by Jan 2012 and 6% for MNRH - Group of distinguished elders set up by MOH with support	
Ensure the GOSS has the financial means to pay for health	Advocate for allocations to the GOSS to continue unimpeded as agreed in the terms of the CPA Advocate for block grants to states to be increased and to ensure increased allocations for health and MNRH	International guarantors of the CPA	GOSS parliament, MOH, UN agencies	2008	Funding of MOH more secure	
Increase donor support for MNRH	Annual meeting convened by RHWG for financial review with MOH and donors to MNRH services	MOH/ RHWG	Members of RHWG and donors	2008 – 11	20% increase per year in donor allocation to MNRH services	
Better resource allocation across the states and for deprived areas	Set up equitable resource allocation framework for MNRH services based on the findings of health resource	MOH/ Ministry of Finance/ World Bank/ UNFPA/ State	NGOS	2008 – 09	More equitable allocation of resources according to need, to resource consumption	

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	mapping (facilities, HR capacity as planned in MDTF phase 2)	governors				
Highlight the appallingly high MMR and neonatal/IMR in SS internationally and the impossibility of achieving MDGs with current resources and infrastructure	<ul style="list-style-type: none"> - Highlight problem and seek international interest and financial support - run campaign to highlight MMR & IMR 	President of Southern Sudan, Office of the President, UNFPA Executive Director, MOH, Group of distinguished persons	<p>Other ministries, UNICEF, WHO, UNFPA</p> <p>NGO/ UNFPA to assist in running campaign</p>	2008 – 11	<ul style="list-style-type: none"> - 20% increase in number of international partners investing in MNRH in SS - 20% increase in partners 	
Link the MNRH strategy to initiatives to promote the education of girls and women	Advocate for hugely increased investments and inputs into the education of girls and women	RHWG, MOH, UNICEF, UNIFEM, UNFPA, Ministry of Education, Ministry of Gender	Other Ministries and UN agencies, NGOs, FBOs	2008	Increased educational opportunities for girls and women	

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3/ Action plan for human resource development for MNRH:

The overall objective of this action plan is **to professionalize the provision of MNRH**. This section includes all major inputs needed into the human resource pool, including basic and post-basic training, seminars, recruitment, professional regulation and curricular development.

Specific objectives	Primary actions	Lead agency	Other agencies	Timeframe	Expected outputs & indicators	Budget
Continue CMW training	CMW training continues based on MOH curriculum	MOH/ AMREF	UNFPA, WHO	April 2008	First 44 CMWs graduate from 3 regional centres	
Expand and decentralise CMW training	<ul style="list-style-type: none"> - Set up CMW training in other states. Optional one stream training in Arabic eg in Malakal in line with Interim Constitution recommendations (article 6 (4)) - Increase enrolment on CMW courses 	MOH/AMREF AMREF	UNFPA, WHO	2009 2010	3 other CMW schools established 200 students in training	
Upgrade CMW training	CMW training upgraded to post-basic training and certified midwife training	MOH/ AMREF/ UNFPA	WHO	2010 -	CMWs upgraded and certified midwives trained	
Transform the role of TBAs and VMWs	<ul style="list-style-type: none"> - TBAs/VHWs transformed into either CMWs, Midwifery Assistants or Female Community Health Volunteers or Maternal Community Health Worker with emphasis of community-based promotion of MNRH services. - Curricular and packages worked out for Midwifery Assistants 	MOH	UNFPA, WHO, NGOs	2008 - 2011	TBAs/VHWs renamed or retrained for new role	MOH/MDTF/NGO budgets

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Supervision of TBAs/VHWs	Monitoring and supervision, but training to be replaced once the alternatives are in place. Formal training of TBAs/VHWs phased out	MOH	NGOs	2008	All TBAs/VHWs to be monitored and supervised by Certified MWs	MOH/NGO budgets/MDTF
Recruit experienced MWs, Nurses and Doctors from other countries	<ul style="list-style-type: none"> - Large scale recruitment drive - Emergency recruitment programme for 3 referral hospital and for certified MWs for hospitals and PHCCs, and for MOs, COs, Obs/gyns - Language and MOH systems course for Arabic and other language speaking certified MWs - Develop Public Service - Recruitment guidelines - Develop incentives, accommodation 	MOH	UNFPA, WHO, Governments of Sudan, Kenya, Uganda, Egypt, Ethiopia and others	2008 - 11	30% increase in numbers of certified midwives per year over 4 years with emphasis on building local capacity	MOH/ MDTF/ bilateral donors
Train MWs in other countries	Candidates with school leavers certificate selected and sent to institutes in other countries for certified MW training	MOH	Governments of Sudan, Kenya, Uganda, Egypt, Ethiopia and others	2008 - 11	Increase in MWs in training	MOH/ bilateral arrangements with neighbouring countries/ bilateral donors
Recruit MWs for rural locations	- Incentive scheme with remote location allowance, accommodation etc	MOH	UNFPA, WHO, MDTF	2008 2011	<ul style="list-style-type: none"> - Increased certified MWs working in rural areas - 1 certified MW in each PHCC and 2 in each county hospital 	
Train certified and graduate midwives	Juba Health Institute trains certified MWs after major investment in facilities, tutors Candidates sent to other countries for certified MW	MOH/ bilateral donors MOH/ bilateral donors	WHO, UNFPA WHO, UNFPA	2008 - 11 2008 - 11		Major bilateral funding needed \$500,000

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	training Juba University offers graduate and masters courses in Midwifery or MWs sent to other countries	MOH/ bilateral donors	WHO, UNFPA	2011		
Create a regulatory framework for RH professionals	Write ethical code and regulation guides for professionals	MOH (DG Human resources)	WHO		Continue process started with human resource strategy and policy development	
Improve performance and efficiency of health professionals	- Increase performance monitoring, enforce professional standards and identify professional misconduct	MOH	WHO, UNFPA, FBOs, NGOs,	2008	Increased professional monitoring and improved performance	
Provide framework for on-going professional development	Create national Continue Medical Education programme and promote substantial MNRH educational component	MOH, WHO	UNFPA	2008 - 09	Increase professional knowledge and performance and encouragement to staff	Under separate medical education/ HR development budget
Set up Health Personnel Council	- Encourage development of a nursing/midwifery Council and Association and support Medical Association - Standardise roles, responsibilities, qualifications and remuneration of RH professional categories	MOH (DG HR), USAID supported Capacity Project consultancy	WHO, UNFPA, UNICEF,	2008 2009	Blueprints for councils established Nursing/MW council set up	
Develop curriculum and policy for MW training	Develop curriculum and policy for MW training	MOH, UNFPA, experience of other countries	WHO, UNICEF			
Increase skills of health personnel in EmONC & IMPACT	Training in EmONC & IMPACT including the management of postpartum haemorrhage and sepsis	MOH, UNFPA	WHO, NGOs	2008	Decreased maternal and neonatal mortality	\$60,000

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Decrease prolonged labour, decrease unsafe abortion, decrease bleeding post miscarriage	In service training of select MNRH professionals to do vacuum deliveries and MVA and D&C and abortion care and to fit IUDs	MOH, UNFPA	WHO, NGOs	2008	Decreased maternal and neonatal mortality	\$20,000
Reduce obstetrical complications and maternal and neonatal mortality	Training in use of partogrammes and learn when to refer, and active management of third stage of labour, and learn about infection prevention	MOH, UNFPA	WHO, NGOs,	2008	Decreased maternal and neonatal mortality	\$60,000
Increase skills of health personnel in newborn survival	Training in resuscitation of newborns with ambubags, and control of sepsis, hypothermia, and care for premature babies with kangaroo method and expressed milk	MOH, UNFPA	WHO, NGOs,	2009	- Health professionals competent to care for newborns - Reduction in neonatal mortality	\$60,000
Increase uptake of FP and Antenatal care	Training seminars in FP & antenatal care				MWs, Doctors, Nurses and CO training seminar held in Juba 1 Seminar held for TBAs, VMWs, CHWs, MCHWs in 10 states	\$60,000
Standardise management of MNRH practice	- train all MNRH professionals in newly developed protocols	MOH, UNFPA, WHO	NGOs, FBO	2008 - 09	- all health RH professionals using standard protocols	WHO/UNFPA/UN pooled funds MOH
Improved health professionals in awareness of GBV	Incorporate training on GBV into curricular, including detection cases of abuse, counselling, treatment and referral	MOH, Ministry of Gender, UNFPA	AMREF, NGOs	2008	- GBV incorporated into curricular	
Improved diagnosis and treatment of gynaecological disorders	Training seminar health professionals in the diagnosis and management of gynaecological disorders	MOH/ UNFPA	AMREF, NGOs	2010 - 12	Improved care of gynaecological problems for women and girls	\$30,000

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Train health professionals in HIV prevention and in the control and prevention of STIs	- seminar on HIV/STI prevention and control, including the syndromic management of STIs	MOH, UNFPA, WHO, SSAC	NGOs	2008	- Health professionals able to diagnose and treat STIs - Reduction in transmission of HIV and STIs	HIV global funds
Train lab technicians/ designated health professional in safe blood transfusion	- lab specialist trains lab technicians/ designated health professional	MOH/ UNFPA/ WHO		2008		
Increase the number of health professionals carrying out EmONC surgical procedures	Training for EmONC surgical diploma – 6 month to 1 year training of experienced MOs, COs, MWs (to do caesarean sections, D&Cs, MVA, ectopic pregnancies, tubal ligation, and interventions for APH, PPH, retained placentas etc)	MOH – obstetricians at Juba, Wau and Malakal hospitals	UNFPA, WHO, NGOs, FBOs	2008 - 11	Train health professionals in EmONC surgical diploma assistants per year	MOH, UNFPA, WHO, UN pooled funds, bilateral donor, Academic institutions
Guidelines for staffing	MOH human resource development policy and strategy adopted	MOH	WHO	2007	Staffing norms in place. MNRH professionals abide by standard MOH HR policy	In course

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4/ Action plan for management of MNRH services:

This management action plan is concerned with decisions made at a strategic level by the MOH with the requirement that they be implemented by all service providers engaged in MNRH activities. The overall objective to ensure **the implementation and enforcement of policy**, which comes about through carefully prepared **contractual arrangements** with partners and **improved supervision** at all levels. Management also involves strengthening the systems of service delivery and referral, and most importantly involves to decentralisation of management processes to state and county level through reinforcement of capacity. The decisions are not costed, but the supervision requires significant inputs in terms of time and transport, but these transport costs are reflected in the action plan on infrastructure.

Specific objectives	Primary actions	Lead agency	Other agencies	Timeframe	Expected outputs & indicators	Budget
Increase to 20% by 2012 the proportion of pregnant women who deliver in HFs with a skilled birth attendant meeting minimal EmONC standards.	<ul style="list-style-type: none"> - All MOH, FBO & NGO service providers engaged in maternal/neonatal health to promote delivery in health facilities. This includes encouraging TBAs and VMWs to bring women to health facilities to deliver. All service providers using TBAs and VMWs must ensure that their activities are closely supervised and monitored with on-the-job training by a certified midwife, and that all deliveries conducted by TBAs/VHWs are overseen by certified MWs. - To aim to have certified midwives in all maternities 	MOH	UNFPA, WHO, AMREF, FBOs, NGOs,	2008 – Jan 2012	- increase deliveries in health facilities overseen by skilled birth attendants and eventually all births conducted by skilled birth attendants	

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Increase access of women and men of reproductive age to a wide range of contraceptive services	All MNRH service providers to offer and promote a full package of FP method	MOH, UNFPA	NGOs, FBOs,	2008	Increase in the use of modern methods of FP and decrease in MMR	
To decrease unsafe abortion	All MNRH service providers to have emergency gynaecological facilities or referral capacities	MOH, UNFPA	NGOs, FBOs,	2008	Decrease in the numbers of unsafe abortions and decrease in MMR	
To increase the supervision of MNRH activities	<ul style="list-style-type: none"> - RH officers at state and national level carry out supervision visits of service providers and of HFs on a monthly basis. - NGOs and FBOs conduct their own supervision of activities and inform MOH - Produce performance targets for supervision 	MOH, UNFPA	NGOs, FBOs,	2008	<ul style="list-style-type: none"> - monthly supervision of HFs - MOH receives summary of supervisory activities 	
Standardise management of MNRH practice	<ul style="list-style-type: none"> - implement and adapt relevant international standards and protocols (eg WHO pregnancy, Childbirth, Newborn Care and Postnatal Care Manual) - RH officers will review level of achievement of performance targets of HFs. - incorporate aspects of this strategy into the Basic Package of Health Services - Implement the technical guidelines for service delivery 	MOH, UNFPA, WHO	NGOs, FBO	2008 - 09	<ul style="list-style-type: none"> - all health RH professionals using standard protocols - Technical guidelines followed in all HFs 	WHO/UNFPA/UN pooled funds MOH

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Ensure private MNRH service providers meet all MOH requirements	- Registration, licensing and control of private service providers - Institutional framework for effective regulation of private practice	MOH,		2008	- all private MNRH service providers registered and in compliance with all MOH regulations	
Identify and contract services of best partners for increasing capacity	MOH launches tenders for MDTF and other funding for MNRH services in states	MOH/ World Bank	All service providers	2008	Competitive tendering in place for service delivery	
Decentralise MNRH management	- Increase managerial capacity at state and county level - Devolve some MNRH decision making to state ministries and state RH officers - State and county MOH officials support and promote VHCs and civil society	MOH, UNFPA, WHO		2008	States managing MNRH programmes	MOH/GOSS support for states
Strengthen system of referral	- establish referral guidelines for the referral of Ob/Gy complications/ High Risk Pregnancies	MOH/ UNFPA	WHO, NGOs, FBOs	2008	Referral guidelines and referral system in place	
Prevention of malaria for pregnant women and babies	- support relevant malaria control programmes for roll out of ITNs, IPT and diagnosis and treatment	MOH/ UNICEF/ PSI/ GF	NGOs, FBOs	2008 - 11	All pregnant women and babies protected with ITNs	budgeted in malaria strategy – MOH/ DFID/ GF/ other donors
Reduce sepsis during delivery	Implement infection prevention protocol	MOH/ UNFPA	NGOs, FBOs	2008	Reduced sepsis and reduce maternal death	
Reduce neonatal asphyxia and obstetrical complications including PPH	Implement partogrammes and active management of third stage of labour					

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Offer choices to people in Southern Sudan about the number and timing of their children	<ul style="list-style-type: none"> - Integrate FP into all MNRH services - design culturally sensitive guidelines on FP 	MOH, UNFPA	NGOs, FBOs,	2008 – 11	- increase in use of modern contraception to 25% of sexually active people	MOH national FP officer, and UNFPA FP officer Support from donors
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5/ Action plan for the monitoring and evaluation of MNRH services :

The overall objective is to establish the effective collecting, reporting and interpretation of data relating to MNRH services

Specific objectives	Primary actions	Lead agency	Other agencies	Timeframe	Expected outputs & indicators	Budget
Establish and operationalise MNRH M&E system	<ul style="list-style-type: none"> - Establish MNRH HMIS - Ensure that this is harmonised within M&E National indicators framework - train health professionals in HMIS tools - disseminate M&E national indicators information (specific for RH) 	MOH, WHO	UNFPA	Jan 2008 – Dec 2009	<ul style="list-style-type: none"> - Tool developed for HMIS – UNFPA HMIS/IT specialist - Standardised HMIS reporting in all health facilities for MNRH 	JPRM, UN Workplan
Train health facility personnel in MNRH HMIS	Seminars for training	MOH, WHO, UNFPA		2008	1 seminar	
Ensure HMIS information is freely available for service providers and the public	<ul style="list-style-type: none"> - All HFs send data to MOH as per HMIS standards, and communicate key indicators back to communities - All NGOs, FBOs and private contractors required to send data to MOH and to make HF information available in the public domain 	MOH, Ministry of Communication, UNFPA	All service providers	2008	Key MNRH information available in the public domain and communicated to stakeholders, particularly communities about whom the information is collected	
Monitor maternal and neonatal mortality	-Establish national maternal and neonatal audit that monitors any surveys (SHHS, MICS, DHS) and commissions further studies (eg IMPACT)	MOH, WHO, UNFPA	Academic community	2009	Close monitoring of trends in maternal and neonatal mortality	

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Monitor trends in rates of fertility, teenage pregnancy, unsafe abortion	- establish national fertility audit and commission further studies	MOH, WHO, UNFPA	Academic community			
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6/ Action plan for development of health facility infrastructure:

Listed here are the outputs rather than indicators, but these outputs cumulatively contribute to the overall objective of reaching the strategic targets of increased facility based deliveries overseen by skilled birth attendants and increasing the percentage of women with obstetric complications treated in EmONC facilities

Specific objectives	Primary actions	Lead agency	Other agencies	Timeframe	Expected outputs & indicators	Budget
Improve physical infrastructure based on agreed master plan and design	Build maternities in hospitals and PHCCs	MOH, SMOH	MDTF Umbrella programme and infrastructure plan	2008 - 11	10 maternities built per year	MOH/ Sudan Health Transformation Project/ MDTF/ Joint Donor Team/ Basic Package of health Services/ Bilateral donors/ land given by states/ community participation local building supplies and in construction
	Rehabilitate maternities in hospitals and PHCCs				10 maternities rehabilitated per year	
	Build operating theatres for EmONC in hospitals and PHCCs				5 operating theatres built per year	
	Rehabilitate operating theatres for EmONC in hospitals and PHCCs				5 operating theatres rehabilitated per year	
	Equip maternities in hospitals and PHCCs				20 maternities equipped per year	
	Equip operating theatres in hospitals and PHCCs with comprehensive EmONC materials				10 operating theatres equipped per year	
	Equip hospitals, PHCCs and PHCUs for ANC and post-natal care				30 HFs equipped with ANC/PNC equipment	
	Build 10 specialist FP clinics				Increased service delivery points for FP services	
	Equip FP clinics				FP clinics equipped	

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Improve water and sanitation of HFs	Build water supplies and sanitation and waste disposal for HFs	MOH/ Ministry of Water		2008	HFs have clean water supplies, sanitation and waste disposal	As part of SS Umbrella Programme for Health System Development
Improve transport network for referral	Plan with Ministry of Infrastructure for improving road, air, river transport between health facilities - Ambulances for comprehensive EmONC sites	MOH/ Ministry of Infrastructure/ Ministry of Transport and Roads		2008 – 11	- Increased facilitation of referrals with improved transport infrastructure to major referral sites.	MDTF/ UNFPA/ bilateral donors
Promote referral of high risk pregnancies	- create waiting houses/ tukuls near HFs with Comprehensive EmONC	MOH/ UNFPA/ NGOs/ communities/ FBOs		2008 - 11	50% of EmONC facilities have waiting houses/ tukuls built near them	States provide land & Communities mobilised and participate
Improve outcomes from obstructed labour and unsafe abortion and haemorrhage	Equip hospitals and specialist PHCCs with vacuum extractors, curettage equipment and MVA	MOH, UNFPA, NGOs,		2008 - 11	Decreased maternal and neonatal mortality in HFs	\$30,000
Improve services for gynaecological referrals	Equip 3 tertiary hospitals with colposcopy, laparoscopy, and other gynae equipment Improve referral of gynaecological disorders to specialists	Donors, partner international hospitals and institutes	NGOs,	2008 - 11	Improved management of menstrual disorders and menopause, pelvic inflammation, infertility, cancers, increased screening	International partners, embassies
Ensure greater uptake of full immunisation against tetanus for pregnant women and vaccination for neonates	- Link MNRH strategy with EPI strategy - Some punctual strengthening of the cold chain to ensure ANC's can vaccinate all pregnant women and ensure BCG vaccination of neonates in maternities and inform parents of vaccination schedule for infants	MOH/ UNICEF/ UNFPA/ WHO	NGOs, FBOs	2008	Increased uptake of vaccination of pregnant women - at least two doses TT– 40% coverage by 2010 and 60% by end of 2011 - increased vaccination of neonates with BCG to 60% by 2010 and 80% by 2011	EPI budget MOH/UNFPA/ UNICEF/ WHO

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7/ Action plan for reproductive health commodities:

The overall objective is to ensure the steady flow and constant availability of RH commodities

Specific objectives	Primary actions	Lead agency	Other agencies	Timeframe	Expected outputs & indicators	Budget
Improve flow of RH commodities	Design Logistics Management Information System (LMIS) for delivery of commodities, including standardised operating procedures and guidelines for storage, distribution, inventory control and maintenance of appropriate stock levels	MOH/ UNFPA officer to work with MOH Pharmaceutical Unit	NGOs with specialist experience such as Diakonie	2008	- LMIS in place - RH commodity consumption data collected and analysed - Improved supplies of RH commodities	MOH/ MDTF/ bilateral donors
Improve storage and monitoring of RH commodities in regional stores	Equip RH commodity stores in states and centrally with appropriate shelves/furniture and office equipment and computerise stock control - this fits in with National Health plan for 2008 with the construction of storage facilities in 5 states. In other states temporary stores can be created from rehabilitated rooms in hospitals.	MOH/ UNFPA/ NGOs with good track record of stock management	WHO, NGOs	2008 - 11	- Improved storage of RH commodities	\$120,000
Improve transport of RH commodities	- Hire vehicles for transport - Purchase vehicles for transport of RH commodities	MOH/ UNFPA			Improved transport of RH commodities	\$100,000 MOH/ bilateral donors
Improve commodity store management and improved RH equipment maintenance	- training for RH officers in RH commodity storage and basic RH equipment maintenance	MOH/ UNFPA		2008 - 09	- Commodity stores better managed - better maintenance of RH equipment	

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RH commodities available in HFs according to protocols	- Continued distribution of RH kits according to LMIS - Develop Essential MNRH kit standard components list for every level of health facility and calculate unit costs per kit.	MOH/ UNFPA	All service providers	2008 -11	HFs adequately equipped with RH kits	Big bucks
Ensure availability of contraception	Increased distribution of MDTF purchased supplies of contraceptives - Oral contraceptives distributed to PHCUs, PHCCs, & hospitals; injectables distributed to PHCCs and hospitals; IUDs to hospitals; all techniques available at specialist FP clinics	MOH, MDTF, UNFPA	NGOs, FBOs, ? invite in IPPF; churches and civil society groups mobilised to increase awareness of FP and how to access FP	2008 - 11	Increased use of modern methods of contraception	
Increase treatment rates of STIs	Increase availability of RH kits with antibiotics for syndromic management	MOH/ UNFPA	NGOs, FBOs	2008	Improved control of STIs and reduced reproductive tract infections and reduced infertility	
Screen all pregnant women	Test the blood of all consented women at ANC for HIV, Hep B & C, syphilis, malaria and anaemia	MOH/ UNFPA	NGOs, FBOs	2008 - 11	40% by 2010 and 60% by 2012 of pregnant women screened at ANC	
Reduce disease in pregnant women and reduce miscarriage	- Treat all pregnant women with standard ANC treatments including IPT, iron, anti-helminths – ensure supplies available in all HFs conducting ANCs - Distribute ITNs for all pregnant women	MOH/ UNFPA/ malaria programme	NGOs, FBOs	2008	40% by 2010 and 60% by 2012 pregnant women treated appropriately and with prophylaxis	GF
		MOH/ Malaria programme	NGOs, FBOs, GF	2008	- Pregnant women protected from malaria	

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8/ Action plan for improving access to health facilities and promotion of MNRH:

The overall objective is to increase use of MNRH services, to increase understanding and awareness about MNRH and to improve maternal and child nutrition

Specific objectives	Primary actions	Lead agency	Other agencies	Timeframe	Expected outputs & indicators	Budget
Ensure all first line MNRH services are free including caesarean sections	<ul style="list-style-type: none"> - Implement article 35 of the Interim Constitution of SS that stipulates that the government “shall provide free primary health care and emergency services for all citizens” - Train HF staff in Interim Constitution stipulation of free PHC in HFs - ensure staff salaries are paid 	MOH, GOSS	NGOs, UNFPA, WHO, UNICEF	2008 -	All MNRH services including caesarean sections are provided free	Budgeted in multiple budget lines throughout the action plans
Increased ANC and Post Natal attendance at HFs and increased deliveries in HFs by skilled birth attendants	<ul style="list-style-type: none"> - Piloting of Training of TBA/VHWs to bring women to HFs with incentive scheme - Piloting of transport voucher scheme 	MOH	USAID capacity project. UNFPA NGOs	2008 – 2009 2010	<ul style="list-style-type: none"> - pilots Roll out of successful schemes - increase in number of women attending ANC's and delivering in HFs 	MOH, USAID
Train RH officers in awareness raising techniques, monitoring community activities and strategy follow up.	- 1 3-day workshop in Juba for RH officers from each state in facilitation by RH health promotion specialist	MOH/UNFPA		June 08	- 10 RH officers (1 from each state) trained in facilitation/ RH promotion	\$10,000

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Train community leaders, representatives of women's and girls' groups, men's groups and religious groups, and target groups in MNRH awareness (including older women)	- 1 day workshop training by RH officer with Female Community Health Worker at county level focusing on elements of defining MNRH and SRHRs, how to mobilise demand for services and how to access them - create RH groups at county level	MOH/UNFPA	NGOs	July 08 – June 09	- RH groups in place in each country with 1 day training	\$16,000
Facilitate community members	State RH officer visits community members and groups and mobilises, facilitates problem identification and making priorities and action for tackling key MNRH challenges	MOH/UNFPA	NGOs	July 09 – June 10	- at least 1 group visited and facilitated in every county - Report from each group highlighting problems, priorities and actions	\$9,000
Train and facilitate community members	(as two items above, but at Payam or with Village Health Committees, max 3 other groups per county)	County RH groups	MOH, UNFPA, CBOS, NGOS	July 09 – June 10	1 group visited and facilitated in every Payam - report form each group	\$27,000
Ensure VHC members are informed about MNRH issues	Develop standard manual for selection and training of VHC members with strong MNRH components	MOH/AMREF	UNFPA, WHO, NGOs	2008 2009 – 10	- Manual developed and disseminated - 100 VHCs trained in MNRH issues	\$14,000 donors/ ?USAID
Public awareness raised about MNRH	- Behaviour Change Communications strategy for Southern Sudan implemented by MOH and UNFPA health promotions officers RH officers in states trained - develop BCC strategy	MOH, UNFPA	NGOs,	2008	Improved knowledge about MNRH - Improve community involvement in identifying MNRH priorities and responding to them	donors

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	<ul style="list-style-type: none"> - Create National Family Life Education campaign, with focus on men and boys as much as women and girls - Innovative schemes for community mobilisation for MNRH, with one NGO lead 					
Mass media use for public awareness raised of MNRH, including GBV and early pregnancy	<ul style="list-style-type: none"> - Establish radio chat show and soap opera, and develop local networks and visual materials - regular MNRH slot on local TV sponsored by local business 	UNFPA/ Ministry of Information and Communication	MOH, Ministry of Gender, Ministry of Education UNFPA	First quarter 2008	<ul style="list-style-type: none"> - UNFPA RH promotion & communications specialist in place - Twice weekly radio chat show and weekly soap opera on local radio stations across SS 	\$80,000/year – UN pool \$20,000/ year – bilateral donor
Improve maternal and child nutrition	Establish guidelines in maternal and child nutrition for use at all ANC, FP and child health clinics and for VHCs and women's and girls' groups <ul style="list-style-type: none"> - Promote exclusive breastfeeding - Pilot and roll out Food and micronutrient supplements for pregnant women and vulnerable women and girls - ?? Create a National Health Support Feeding Programme ?? 	MOH, UNICEF, WFP, WHO, UNFPA <ul style="list-style-type: none"> - All service providers - MOH, UNICEF, WFP 		2008 – 11	Improved nutrition of women, pregnant mothers, increased birth weight, decreased malnutrition rates and decreased IMR	Separate budget under nutritional strategy, MOH
Mobile health infrastructure for pastoralists and displaced	- create RH care infrastructure for displaced and pastoralist groups including temporary clinics	SMOH to initiate schemes to reach displaced and mobile populations	UNHCR, UNFPA, UNICEF, NGOs,	2008 - 11	- increased access to MNRH for displaced people and pastoralists	

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Strengthen sexuality and MNRH teaching for young people in and out-of-school activities	- strengthen school curriculum and teaching - design youth friendly services enabling young people to have access to SRH information, counselling and services, youth centres	MOH/MOE/ UNFPA, Ministry of sports and culture		2008 – 10	- UNFPA appoint an adolescent SRH officer - sexuality education manuals - training for teachers SRH education	\$80,000
Improve dignity and comfort of women and girls during menstruation	- provision of free sanitary towels in schools and in other institutions	MOH/ MOE/ UNFPA	Service providers	2009	Dignity and comfort for women during menstruation improved	
Improve detection and care of gynaecological disorders for women (including older women)	- raise awareness of the availability of treatment of gynaecological disorders and encourage increased care seeking behaviour	MOH/ UNFPA	Service providers	2009	Improved diagnosis and care for gynaecological disorders	

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9/ Action plan for HIV/AIDS & STIs programmes within MNRH:

The overall objective is to reduce HIV and STI transmission

Specific objectives	Primary actions	Lead agency	Other agencies	Timeframe	Expected outputs & indicators	Budget
MNRH policy dovetails with HIV/AIDS national strategy	<ul style="list-style-type: none"> - Review MNRH policy and strategy alongside HIV/AIDS policy and strategy - NB to avoid duplication, HIV/AIDS strategy objectives and actions are not repeated in this MNRH strategy - Programme for the reproductive health needs of individuals with HIV/AIDS 	SSAC				
Link RH programming with HIV/AIDS strategy	RH officers liaise with HIV/AIDS officers and coordinate closely (and often are the same person)	MOH/ SSAC/ UNFPA/ GFATM		2008	Improved synergy between MNRH and HIV/AIDS programming	
Improve diagnosis of HIV	Establish Voluntary Counselling and Testing centres	MOH/ SSAC		2008 -11	Individuals informed of their HIV status Communities informed of the HIV prevalence	Under MDTF/SSAC HIV/AIDS strategy
Improve care for people with HIV/AIDS	Establish comprehensive Care Centres for people with HIV/AIDS	MOH/ SSAC/ UNFPA		2008 -11	Individuals with HIV cared for	Under MDTF/SSAC HIV/AIDS strategy
Stop the transmission of HIV from mothers to children	- roll out national PMTCT programme	MOH/ UNICEF	UNFPA, WHO, NGOs	2008 - 11	Decrease in MTCT of HIV	

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Ensure safe blood available at all HF practising EmONC	- emergency development of Safe Blood provision at EmONC facilities - advocate for creation of national blood bank	MOH/ UNFPA	WHO/ NGOs/FBOs/ ICRC/ IFRC	2008 – 09 2008	- Safe blood kits at all EmONC sites	\$250,000 – MOH - MDTF – bilateral donors
Increase availability of condoms	- Increased procurement and particularly distribution - Social marketing of condoms	SSAC, UNFPA	NGOs, FBOs, PSI, ? invite in IPPF. ? NGOs to pilot	2008 - 11	- Increased use of condoms HF's at all levels have condoms - Increased availability through local outlets, community centres etc	
Improved management of STIs	- training in STI syndromic management and use of guidelines and protocols	MOH, UNFPA, SSAC	All service providers	2009	- improved diagnostic capacity in STIs of health professionals	

Gender based violence and sexual and reproductive health sexual rights

Many aspects of the Interim Constitution of Southern Sudan promote the welfare of women and reproductive rights. Consent is required for marriage (Article 19), and the minimum age is now set at 18. Customary law must defer to the Interim Constitution on these matters. Under Article 20, women “are accorded full and equal dignity ... with men” and, under Article 21 “every child: has the right to life, survival and development”. However a woman is not protected within marriage from sexual abuse by her spouse, and while the unborn child is protected under Article 21 as quoted above, women and health professionals can be tried as murderers under criminal (not civil) law for wilfully ending a pregnancy, the punishment for which can include the death penalty. A raped woman has to go to the police to get a Form 8 before being treated by a medical practitioner.

10/ Action plan for GBV, Sexual and Reproductive Health Rights programme and research:

This action plan has as overall objective the protection of women girls from abusive sexual relationships and the care of abused women. Specific objectives include the establishment of a reproductive and sexual rights programme, plans for the medical care and legal support of rape victims, identifies the extent of rape and GBV in different communities in SS, aims to reduce the extent of sexual and physical abuse of women in SS, and trains civil servants at all levels to understand and identify GBV. It also empowers girls and women to be proactive in bringing to light the problem and in seeking solutions. Many of these actions are not budgeted under the MNRH as they are cross-sector actions that will take place under the strategies of several Ministries.

Specific objectives	Primary actions	Lead agency	Other agencies	Timeframe	Expected outputs & indicators	Budget
Establish a Sexual & Reproductive Health Rights programme	Set up forum for SRHRs Create confidential database of abuses Establish enabling legislation on GBV - Advocate for RH issues in enabling legislation on GBV	MOH & Ministry of Gender, Social Welfare and Religious Affairs	MOH, Ministry of Legal & Constitutional Affairs, Ministry of Culture, Youth and Sport, UNFPA, UNDP (Rule of Law), UNMIS (HRs), UNIFEM, specialist HRs NGO	From January 2008	National SRHRs forum has first meeting in Jan 2008 Database created in first quarter 2008 Legislative review of current constraining laws and GBV bill	

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					drafted in first half 2008 and enacted towards the end of 2008 Advocate for inclusion of SRHRs in all agreements on socioeconomic development	
Care for victims of rape	Establish post rape services in 10 states, with full gynaecological treatment or referral, rape kits and PEP	DG of Curative Care, MOH, UNFPA	Support of UNFPA & NGOs – one NGO to take lead supporting national care programme UNMIS (HRs)	Centres established in first quarter 2008		
Legal recourse for victims of rape and GBV	Refer rape victims for legal support	Ministry of Gender; Ministry of Legal Affairs;	UNDP (Rule of Law), UNDP, UNMIS (HRs)		<ul style="list-style-type: none"> - legal profession sensitised and mobilised - legal aid system in place for victims of rape and GBV - 1 lawyer salaried to take on GBV & rape cases 	
Improve understanding of GBV and MNRH behaviour	<ul style="list-style-type: none"> - Commissioned research into: MNRH behaviour of different ethnographic groups in SS, including child birth and attitudes to delivering in HF, and gender perspectives - Establish the frequency of rape, FGM and nature of GBV in different communities of SS - Establish the extent and nature of sexual exploitation 	UNFPA/ academic community	MOH, Ministry of Gender,	2008	<ul style="list-style-type: none"> Commissioned research within certain communities in Southern Sudan - Understanding reasons for low uptake of birth in facilities and orientate programmes to overcome these obstacles - understand GBV issues and 	\$30,000 for each research area ? USAID, donors

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	and prostitution, and the vulnerability/abuse/HIV exposure of commercial sex workers in different areas of SS				knowledge/attitudes about MNRH in different communities of SS	
?? understand the prevalence and impact of infertility	??- Study on prevalence and effects of female and male infertility ??	Academic community/ UNFPA	MOH	2010	Understand the impact of infertility on society	\$20,000
Training in gender, and GBV issues	Provide training to RH officers	UNFPA and UNDP (Rule of Law)	MOH, Ministry of Gender, Ministry of Legal Affairs, South Sudan Aids Commission	Training throughout 2008		
Mainstream gender-sensitive RH initiatives	<ul style="list-style-type: none"> - gender awareness and concepts of care - conduct gender analysis of working environment - assess programme readiness for gender mainstreaming - link into broader gender profile raising strategies 	MOH, Ministry of Gender, UNIFEM, UNFPA	NGOs, WHO, UNICEF, UNHCR		Gender equality of employment of health personnel All staff in HFs made gender aware	
NB the following are not specific for the MNRH strategy but need to be included within a National Gender Policy and Strategy, for which the MOH and health professionals should also advocate and be aware. In the absence of a Gender strategy, these can be used as to inspire thinking on the protection of women from gender based violence						
<i>Increase awareness amongst political leaders about GBV</i>	<i>- training programme for Ministers and leaders on women's and girls' rights</i>	<i>Ministry of Gender, Ministry of Legal Affairs, UNMIS (HRs)</i>	<i>UNDP (rule of law),</i>			<i>? US Institute of Peace</i>
<i>Increase access of rape victims to health services</i>	<i>Change legal requirement to not make it mandatory for women to inform police immediately after rape</i>	<i>Ministry of Legal Affairs, Ministry of Defence of Internal Affairs</i>	<i>UNDP (Rule of Law), UNFPA, UNMIS (HRs)</i>			
<i>Protect women before and within marriage</i>	<i>- Develop legal mechanism to protect women within marriage</i>	<i>Ministry of Legal Affairs, Ministry of Gender</i>	<i>UNDP (Rule of law), UNFPA</i>	2008	<i>- legal protection in place for women within marriage</i>	

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	<i>- Monitor underage marriage</i>			2011	<i>- numbers of married girls decreases</i>	
Reduce sexual abuse by men in uniform	Train police and army in gender issues & HIV	Ministry of Defence and Internal Affairs	MOH, Ministry of Gender, UNFPA,	Training throughout 2008		
<i>Empower women and girls to express the reality of GBV, to facilitate an understanding of their legal rights, to bring cases of GBV into the open and to the court system and to promote gender equality</i>	<i>Create women's and girls' groups that also discuss other matters related to reproductive health & HIV [NB same groups facilitated and set up in roll out strategy by state RH officers]</i>	<i>Ministry of Gender, MOH & UNFPA</i>	<i>MOH, Ministry of Education, Ministry of Legal Affairs, UNDP (rule of law), UNMIS (HRs), South Sudan Aids Commission, NGOs, FBOs</i>	<i>Starting in January 2008</i> <i>Starting in January 2009</i>	<i>Women's and girls' groups created in every county in the country by the end of 2008</i> <i>Groups meet at least monthly from 2009</i> <i>- Women's and girls' groups created in every payam in the country by the end of 2008</i> <i>Groups meet at least monthly from 2010</i>	
<i>Improve access of women and girls to police protection</i>	<i>- Establish women and girls desk at police stations</i>	<i>Ministry of Gender, Ministry of Legal Affairs, Ministry of Defence and Internal Affairs</i>	<i>UNMIS Civil Affairs, UNDP Rule of Law</i>	2008	<i>- women and girls desk established at police stations</i>	
<i>Improve knowledge of SRHRs amongst groups, including pastoralists, refugees, IDPs and returnees, minority communities,</i>	<i>- Promote SRHRs amongst groups</i>	<i>MOH, Ministry of Education, Youth, Culture and Sport, UNHCR, UNFPA,</i>	<i>UNDP (rule of law), NGOs,</i>			
<i>Improve employee treatment for parents and encourage care for babies</i>	<i>- Review employment laws to guarantee statutory maternity and paternity leave</i>	<i>MOH, Ministry of Legal Affairs, UNFPA, UNDP (Rule of Law)</i>	<i>Other Ministries, Parliament</i>	2008 - 9	<i>Better care for babies, and better rights for parents encouraging the fostering of children</i>	

Second draft and revision 18 October, following recommendations made by commissions of key stakeholders UNFPA organised workshop on Tuesday 16 October 2007

Key Documents

Continental policy framework for the promotion of sexual and reproductive health and rights in Africa (Draft) African Union & IPPF August 2005

DFID's Maternal Health Strategy – Reducing maternal deaths: evidence and action Second progress report DFID April 2007

Interim Constitution of Southern Sudan, GOSS 2005

HIV/AIDS Integrated report South Sudan, 2004 – 2005 (Draft)

Interim Strategy for Reproductive health Services 2006 – 2010 FMOH, GOS 2006

Maternal and Reproductive Health Policy for Southern Sudan Sudan Health Transformation Project Final draft MOH, GOSS January 2007

Maternal survival The Lancet September 2006

Opportunities for Africa's Newborns: Practical data, policy and programmatic support for newborn care in Africa. Joy Lawn and Kate Kerber, eds. PMNCH, Cape Town 2006

Programme manager's planning Monitoring and Evaluation Toolkit Tool Number 6: Programme Indicators UNFPA March 2004

Reproductive Health Commodity Security Situation Analysis in Southern Sudan (Draft) MOH, GOSS, UNFPA, John Snow Inc. July 2007

Situational analysis of reproductive health and adolescent sexual and reproductive health in Southern Sudan Orero, Omondi C and Odongo F UNFPA, April 2007

South Sudan Interim Health Policy 2006 – 2011 MOH, GOSS 2005

Sudan Household Health Survey. FMOH, Central bureau of statistics, MOH, Southern Sudan Commission for Census, Statistics and evaluation. April 2007

Today's challenges, tomorrow's potential. Findings from a rapid population & reproductive health analysis for Sudan Columbia University/UNFPA May 2006